

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 102 26	2. Fiscal Year Covered From: 01/01/2004 Through: 12/31/2004
3. Name and address of person filing. Name PATRICK J. CARROLL P.O. Box, Bldg., Room No., if any Street 65 BATTSELL DRIVE City OSWEGO, NEW YORK State ZIP Code + 4 13126	4. Name, file number, and address of labor organization. Name LOCAL 73 PLUMBERS & STEAMFITTERS Labor Organization File Number 517-753 P.O. Box, Building and Room Number, if any Street P.O. Box 911 705 E. SENECA ST. City OSWEGO, State NY ZIP Code + 4 13126
5. Position in labor organization. Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Patrick J. Carroll

On

8/11/05
Date

(315) 343-4037
Telephone Number

Name of Person Filing PATRICK J. CARROLL	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with. <div style="margin-left: 40px;"> a. Labor Organization b. Trust c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 11.b. Approximate dollar value of such dealing. </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 12.a. Nature of interest held or income received. </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 12.b. Amount. </div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name LOAN 73 RETIREMENT FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street P.O. BOX 911 - 705 E. SENECA ST. City OSWEGO State NY ZIP Code + 4 13126 0911	14.a. Nature of payment <div style="font-size: 1.2em; margin-top: 20px;"> HAD TRUSTEE MEETING TO DISCUSS REAL ESTATE LOAN INVESTMENT. RECEIVED A MEAL. </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="font-size: 1.2em; margin-top: 10px;"> PRO-RATA SHARE OF MEAL COST \$24.00 </div>

Name of Person Filing Patrick J. Carroll	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with <div style="margin-left: 40px;"> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <hr/> 11.b. Approximate dollar value of such dealing. <hr/> 12.a. Nature of interest held or income received. <hr/> 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name LOCAL 73 HEALTH & WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 911 Street 705 E. SENECA ST. City OSWEGO, State N.Y. ZIP Code + 4 13126-0911	14.a. Nature of payment. TRUSTEES MEETING TO DISCUSS SOME RETIREMENT BUT LARGELY HEALTH & WELFARE ISSUES. MEAL PROVIDED.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. PRO-RATA SHARE OF MEAL COST \$31.40

Name of Person Filing PATRICK J. CARROLL	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with <div style="margin-left: 40px;"> a. Labor Organization b. Trust c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name BLITMAN & KING LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any FRANKLIN CENTER, SUITE 300 Street 443 NORTH FRANKLIN ST. City SYRACUSE, N.Y. State ZIP Code + 4 13204	14.a. Nature of payment <div style="font-size: 1.2em; text-align: center;"> ROUND OF GOLF FOLLOWING AN EDUCATIONAL SEMINAR UPDATING THE ATTENDEES ON ERISA RULES </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment 77.50

Name of Person Filing **PATRICK J. CARROLL**

File Number U-

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8. Name and address of Business (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

UNION LABOR LIFE INSURANCE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City **WASHINGTON**State **D.C.** ZIP Code + 4

14.a. Nature of payment.

**PAYMENT FOR ROUND OF
GOLF PRECEEDING
DISCUSSIONS ON HEALTH &
WELFARE FUND TOPICS.**

13.b. Is the Business an Employer ☒ or Consultant ☐

14.b. Amount of payment.

E. 95⁰⁰

Manning & Napier Advisors, Inc.

POSSIBLE LM FILING ITEMS - CALENDAR YEAR 2004

Client	Account ID	Date	Rep	Function	Location	Total Cost
U.A. Local #73 Pension Fund	GR5304	2004	PCU	client appreciation award (crystal boat)		\$ 86.15
Plumbers & Steamfitters Local 73	GR5304	4/30	PCU	clambake and golf tournament		\$ 150.00
Plumbers & Steamfitters Local 73	GR5304	7/28	PCU	retiree luncheon		\$1,500.00

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